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ABSTRACT

A program for adolescent American Indian girls, under the auspices of the Social Work Division of the Minneapolis Public Schools, evolved to become a linkage model between human services and American Indian families, focusing upon interrelationships among structure, behavior, and cultural pattern maintenance. Growth and development among Indian adolescents presumes a curvilinear relationship between age and independence: as age increases so does family obligation, pattern maintenance responsibility, and dependence upon mutuality of relationships. These family relationships, coupled with high rates of drug and alcohol misuse, truancy, incomplete school assignments, high drop out rates, and pregnancy among adolescent Indian girls suggested a need for a cultural network model of support services. Nine Indian girls, aged 15 to 17, experiencing several of the above problems, as well as severe poverty, inadequate housing, and a strong extended family structure, united with social workers into a cohesive support group. The model incorporated features of trust, realistic expectations, and non-judgmental behavior. Tribal and family value orientations were incorporated and served as impetus for lateral integration into characteristic American Indian extended family systems. The model provides a teaching process readily applicable to extended family systems and represents an active process of developing a family of child care and concern. (NEC)

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# A CULTURAL NETWORK MODEL: PERSPECTIVES FROM AN URBAN-AMERICAN INDIAN YOUTH PROJECT

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INTRODUCTION:

Human service professionals accept a challenge to provide culturally appropriate services for minority clients. Value orientations which determine behavior, however, persist as barriers between institutions mandated to provide services and historically alienated minority populations. American Indians serve as compelling barometers of disonance between institutional and minority population value orientations. Indians occupy bottom rank on most social indicators designed to articulate the impact of human services including critical life span factors, such as highest infant mortality rate, highest dropout rate from educational institutions, and highest unemployment rate.

This article discusses a program designed to overcome disonance between an American Indian community and educational social services. Initially, the program evolved as preventive social work in family and children's services designed for adolescent American Indian girls under the auspices of the Social Work Division in the Minneapolis Public Schools, Minneapolis, Minnesota. Eventually, however, it assumed broader proportions and became a linkage model between human services and American Indian families.

Caution must be exercised to avoid overstating the influence of program success or to oversimplify an arduous process of value clarification in an atmosphere of mistrust. The American Indian community and the Minneapolis Public Schools have negotiated issues of social and educational support services, curriculum relevance, school placement, and cultural sensitivity for a number of years. The experience of negotiation suggests that public education and other human service institutions would benefit through a revision of traditionally accepted bodies of knowledge which inform professional practice. Mainstream

institutional patterns are designed to respond to human behavior characteristic of nuclear family development and community fabric related thereto. Restructuring knowledge appears necessary to impact professional attitudes and influence necessary linkage building between human service institutions and minority populations which retain extended family systems. The Indian adolescent program, therefore, offers timely empirical information which accents strengths of divergent value orientations.

The article proceeds with discussions on conceptual information relevant to American Indian family structure and cultural pattern maintenance, life circumstances of Indian adolescent girls that interfere with mainstream concepts of educational and helping processes, and a staging process inherent to an innovative cultural network model designed to bridge and gap between two worlds.

## FAMILY STRUCTURE AND CULTURAL PATTERN MAINTENANCE: IMPLICATIONS FOR SERVICE DELIVERY

Extended family systems represent cornerstones of American Indian society. Characteristic features of extended family foster a unique social fabric which provides a milieu for individual growth and development within a structure designed to enhance tribal value formation. Values are transmitted with respect or and adherence to an historical culture and provide a foundation for a continuity of world view essential to individual mental health. Personality traits and behavior patterns acquired within this milieu bear obvious relationship to an American Indian sense of selfhood.

Professional understanding regarding boundary configurations of American Indian extended family systems is reasonably developed in anthropology. It has not, however, adequately penetrated curricula in human services education. Individuals trained in the helping professions consequently receive limited information about extended families. European extended family models, i.e.,

three generations within a single household, are often used to appraise American Indian family behavior. While three generations in a single household represents an observable feature in many American Indian families, it should not be construed as a limiting feature. American Indian extended family systems assume an additional dimension of horizontal extension. In other words, several households irrespective of geographic space represent critical components of extended family.

Family structure is readily understood when observed under small, communal conditions in which an extended family appears as a village-type network. Figure One patterns a Chippewa extended family in the Twin Cities Metropolitan area. Figure Two patterns a Chippewa extended family located in a small reservation community. Different families are represented, but common features appear. Both families are multiple households that maintain proximate distance. Both consist of a transactional field in which all relations maintain primary roles for affective bonding and mutual interdependence without a loss of privacy within separate households. Both extended family systems, therefore, offer mutual support and independence based upon responsible belonging to a family.

Intensity in family relationships remains high simply through an obligation of belonging. In this situation the urban family structure conforms to reservation family structure. This pattern was independently initiated by individual family households who desired close proximaty with other family relations. This social selection is another feature common to Indian family behavior. Relationships, moreover, are maintained with reservation family households through high family mobility between reservation areas and the Twin Cities Metropolitan Area. This also is self-initiated primarily to reconfirm family as well as reservation linkages. Family members, therefore, do not necessarily change behavior patterns or reduce family obligations simply through geographic

FIGURE ONE

Urban extended family system consisting of seventeen households (X) in close proximity with eighty-seven family members.

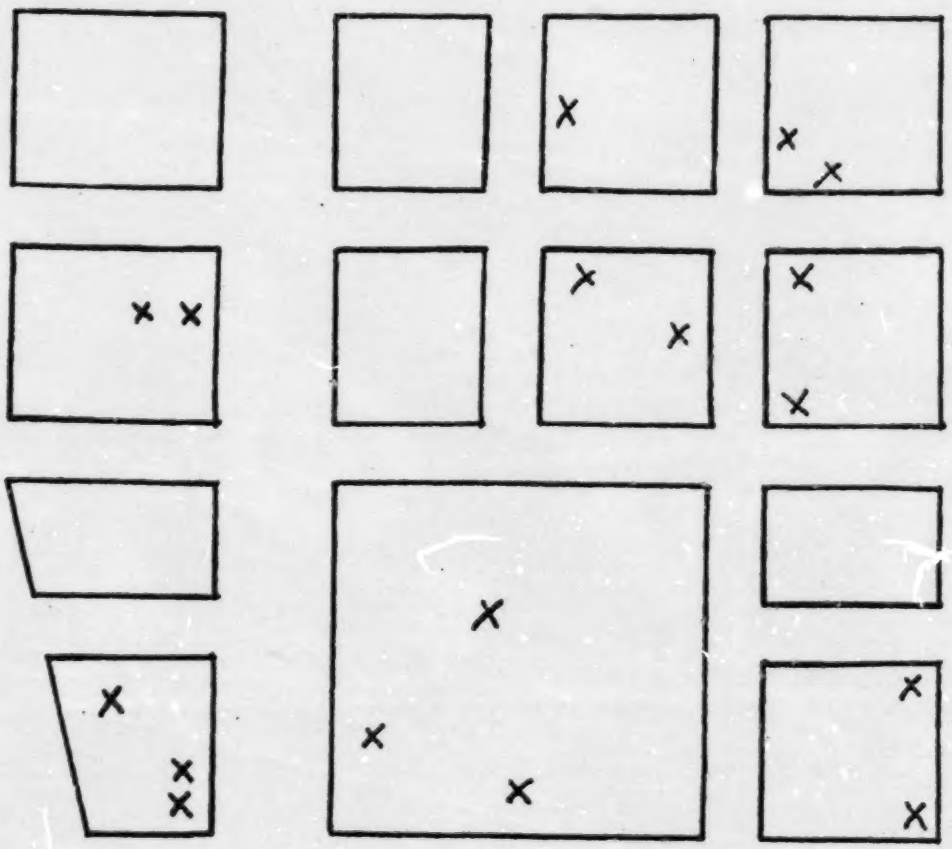
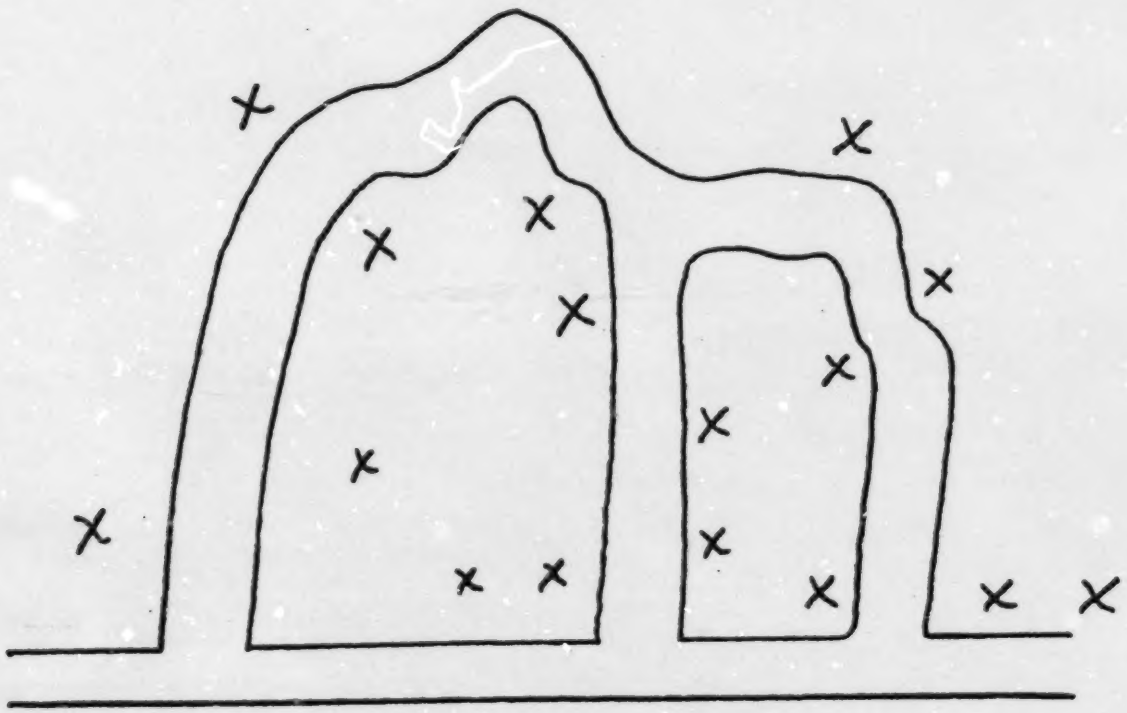


FIGURE TWO

Reservation extended family system consisting of sixteen households (X) in close proximity with one-hundred and two family members.



relocation of a few households: aunts, uncles, cousins, and grandparents remain as significant relations reconfirming time honored values and cultural world view.

The importance of a transactional field of several households has been downplayed and on occasions bitterly denied by non-Indian professionals employed by institutions charged with obligations for Indian family services. Some have difficulty understanding and tracking family membership. Others have difficulty understanding the interaction between family and culture. Family represents the primary arena for transmission of cultural orientation to life forces, relational patterns, and childhood socialization. Responsibility for pattern maintenance is collectively assumed throughout the life cycle. The vitality of family pattern maintenance is demonstrated through recent surveys of lifestyle behavior among American Indian elders in the Twin Cities Metropolitan area: over seventy per cent of the elders maintained voluntary contact with and responsibility for grandchildren on a daily basis. These elders, by and large, lived in households separate from their grandchildren. It appears overwhelmingly in these situations among urban Chippewas, that extended family behavior lends affective credence to the Chippewa linguistic identification of family; i.e., ne-go-do-shan, a group of relatives; not simply as a nuclear household, but as a milieu inclusive of several households represented through interactions among aunts, uncles, cousins, and grandparents.

LIFE CIRCUMSTANCES OF INDIAN ADOLESCENT GIRLS:

Life cycle responsibility for American Indian family pattern maintenance represents a stress point for planning and delivery of adolescent services. Relationship patterns among Indian adolescents are often at odds with professional opinion. Adolescent growth and development according to mainstream behavioral science presumes a linear relationship between age and independence. As one grows

older one is expected to sever relationships and establish an independent family unit. Pattern maintenance within extended family systems, however, is enacted through a context of mutual interdependence. This actually increases one's dependence upon family relationships. Growth and development among Indian adolescents, therefore, presumes a curvilinear relationship between age and independence: as age increases so too does family obligation, pattern maintenance responsibility, and dependence upon mutuality of relationships.

The milieu of extended family guided by cultural values enhances conditions for individual responsibility for family pattern maintenance through a balancing of interdependence and dependence without hindering self-reliance. The following case illustrates:

> Helen was a twenty-three year old Chippewa mother with three children. She had been an extremely bright student, but dropped out of school following her initial pregnancy. She pursued independent studies and eventually completed GED work to earn a high school diploma.
>
> Through the years, Helen had drifted between living alone in an apartment and living with her mother. At times she would live with her boyfriend who was the natural father to all three children. Helen was always a contributing family member. She had been gainfully employed ever since leaving school. She simply preferred to be close to mother's home--or in it--to maintain relationships with kin and to perform key family duties.
>
> Helen never lost the urge to continue getting an education. She eventually enrolled in college and entered human services training. An education counselor became very close to Helen and the family. One day Helen came to his office and declared her independence from mother. Helen had gotten a new apartment and was going to live away from mother for good. The counselor congratulated her and asked where she planned to live since he was a frequent family visitor. Helen beamed brightly and told the educational counselor that she had moved next door to mother. On subsequent visits, the counselor always saw mother and daughter visiting each other's home and Helen's mother continued to provide for her grandchildren daily. The counselor was pleasantly impressed with Helen's definition of independence.

An important behavior in clinical practice is a positive regard for the milieu in which family behavior occurs. Professionals often struggle with Indian adolescent clients and actually encourage alienation by demanding that a young client assume "responsibility" and seek independence from family. Indian adolescents, of course, consider such a clinical course as demeaning to the value orientation of their primary unit of socialization, the family. Mandated services in which caseworkers possess an overwhelming clinical power and authority to define "appropriate" client behaviors often commit significant errors of diagnosis and treatment. Demands for behavior modification based upon protocols following nuclear family structure are contrary to the vitality of extended family systems. The following case captures features in an Indian girl's growth which to many would be tantamount to instability:

> Maria was a fifteen year old sophomore in high school. She was an honor student who rarely skipped class and was not a behavior problem in school.
>
> Maria chose not to live with either natural parent when she was fourteen years old. She related to them well but chose to do so on her own terms. The parents accepted this self-direction and self-reliance by their daughter since family alcoholism appeared as a recurrent problem in on-going relationships between parents and child. Actually, Maria had been in and out of foster care since the age of seven because of the alcohol problem which had and continued to exacerbate personal relationships.
>
> Maria's county social worker allowed her to decide upon foster placements. Maria thrived under this responsibility, but it contributed to some concerns for the social worker. Maria chose to live with nearby aunts and uncles. In three years she lived with five different households of the extended family and all were within eight blocks of mother's home.
>
> The caseworker was extremely concerned with this apparent pattern of irresponsibility especially since it contributed to agency tracking problems and appeared to have some influence upon three other children in the family who were also in foster care. An explanation that family represented the best placement and that availability of space in family households varied with different times of the year did not really soothe the caseworker who thought such behavior nurtured a cycle of dependency.

At seventeen, Maria requested support to find a place of her own. Her decision resulted from increased school work that made frequent movings unsatisfactory. The caseworker resisted this attempt and based the decision upon Maria's previous record of inappropriate foster placement conduct. The desired move would leave Maria without any adult supervision necessary to curb her instability.

Indian professionals acted as advocates for Maria. Three compelling arguments about behavior and resources were presented: First, Maria had certainly demonstrated responsible, self-reliant behavior in school obligations. She was a B+ student who received endorsements from all faculty approached for behavioral appraisals. Second, Maria would have an independent household, but would remain interdependent with family. She not only had parents but also significant numbers of aunts, uncles, and cousins within an eight block radius of her apartment. Her resource of a family support network that had been nurtured through normal extended family behavior over the years would remain undisturbed. Third, Maria had developed over time a resource network external to family: peer group supports, school counselors, and local Indian professionals.

The caseworker reluctantly allowed Maria to "live alone", but remained mystified over the nature of a support network surrounding Maria. A clinical opinion suggested that when Maria moved out of foster care, she did in fact become "on her own". A remarkable feature of an extended family, however, is that independence is honored, but, in essence, one is never alone. A curious side in the above case is that Maria's request to leave foster care would never had been problematic if pregnancy were involved. Instability would not have become a clinical issue because technical procedures authorize expectant mothers to establish households.

Helen and Maria offer brief highlights of extended family behavior typical of adolescent American Indian girls. The cases suggest obvious challenges to our existing body of knowledge guiding concept formation in areas of behavior observation, diagnosis and treatment plans, and standards of clinical behavior. The authors do not suggest that interventive services are inappropriate. Rather that such services should be congruent to and supportive of family structure, value orientations, and behavior patterns. The structural integrity of Indian extended families has been undermined through historical American policy. This directly impacts American Indian students in the Twin Ciries Metropolitan area.

Parents of today's adolescents were raised on reservations during a period when reservation life was in upheaval: the Bureau of Indian Affairs designed a program of family relocation and planned termination criteria for reservations. Moreover, children were, and remain to be, separated from families through boarding schools, foster home placement, and adoption. Views on Indian values in parenting consequently have been contaminated through early childhood experiences in which uncontrolled and alien family separation served as a life model. Preliminary curveys with Indian parents by staff of Ah-be-no-gee, a former family service demonstration program funded through the National Center on Child Abuse and Neglect, suggested that many Indian parents reported for abuse reflected parental attitudes on discipline which were acquired through rigid, authoritarian, and punitive boarding school experiences. Hardships of survival deterred some households from recapturing extended family relationships which normally contribute to a flourishing family integrity. While many urban families show a remarkable retention of structure and value orientation, a large number appear unsettled. Adolescent behavior follows a predictable course, based on family integrity.

In Minneapolis schools, for example, some Indian adolescents act out tenuous relational frustrations. Observations by Indian professionals suggest that drug and alcohol misuse and abuse may affect 60 per cent of the adolescent population. Truancy is estimated in the 40-50 per cent range. Incomplete school assignments and high drop-out rates from school prevail as a consequence. Pregnancy among adolescent Indian girls represents a particularly compelling statistic often related to family stress. In the Minneapolis senior high school with the highest proportion of Indian students, 13 per cent of total enrollment, 47 per cent of all school pregnancies are among Indian girls. Table One represents a three year tracking of school pregnancies. The numbers may appear small; however, they represent a large proportion of Indian girls remaining in school. Moreover, data in Table One does not account for girls who dropped from school because of pregnancy.

TABLE ONE

THREE YEAR TRACKING OF PREGNANT ADOLESCENTS AT A SELECTED MINNEAPOLIS SENIOR HIGH SCHOOL

| YEAR | PREGNANT STUDENTS ALL RACES | PREGNANT STUDENTS INDIAN | | PREGNANT STUDENTS NON-INDIAN | |
|---|---|---|---|---|---|
| | | Number | Per Cent | Number | Per Cent |
| 1975-76 | 18 | 8 | 44 | 10 | 56 |
| 1976-77 | 24 | 6 | 25 | 18 | 75 |
| 1977-78 | 17 | 8 | 47 | 9 | 53 |

* SOURCE: MINNEAPOLIS, MINNESOTA: MINNEAPOLIS PUBLIC SCHOOLS, 1978

The above accompanied with a context for extended family behavior suggest a need to design a cultural network model of support services for Indian adolescent girls. A cultural network approach departs from independence models directed at individual students. It is compatible with distinctive cognitive and affective processes which influence learning and behavior according to tribal and family value orientations. A cultural network model builds support fabric guided by aspirations for interdependent relationships and at the same time recognizes personal achievement. Group work concepts are appropriate since a group serves as a nucleus for adolescent experience in sharing, mutual respect, responsibility, and caring for self and others. Interdependent responsibility commands involvement and obligation. Finally, a cultural network model transcents accepted boundaries of group counseling: the peer group is integrated into existing extended family systems and neighborhood cultural organizations. The following section highlights the process of employing American Indian cultural imperatives to guide a cultural network model.

A CULTURAL NETWORK MODEL:

A cultural network model reconfirms value orientations characteristic of Indian extended families with key concepts incorporated from group work, cultural imperatives, and community practice. The guiding premise of the model is that urban Indian families with strong traditional and structural integrity remain more cohesive and adaptable to urban environments than Indian families whose traditional and structural integrity have deteriorated. Traditional Indian families became role models as the group embarked upon an unfolding process of recapturing ties with reservation communities, recovering relationships with dispersed extended family units, and identifying critical value orientations to serve as behavioral guides.

Initial efforts identified adolescents experiencing life difficulties that were receptive to social services designed within a cultural framework. Nine Indian girls between the ages of 15 and 17 years chose to participate. Seven remained active for one full year. The girls accepted a commitment to meet as a group once a week for three hours during non-school periods. They participated without benefit of school credit or monetary compensation. Problems and home situations varied dramatically. Some common features of membership, however, were what each experienced family crises through drug and alcohol misuse or abuse both by family members and through personal misuse of drugs and alcohol by each girl. Hereover, each was sexually active. Three were pregnant; one used birth control pills; three relied on the "faith" method of birth control. Male-female relational problems were common through miscommunication of feelings and values. The girls were not wantonly mischeivous. They were, however, significantly misinformed regarding birth control, personal health, nutrition, alcohol and drugs, male-female relationships, parent relationships and parenting.

Three features were common to each girl's extended family system: 1. severe poverty conditions through high family unemployment, 2. inadequate housing, and . a strong extended family structural fabric to serve as a foundation for a cultural network model. This structural integrity was beneficial because the extended family spanned both urban and reservation areas. Living situations did differ irrespective of common features. One lived in a household with both parents. Two lived in households with single parents. One lived with an aunt. One lived with a grandmother. Two had independent households. The girls lived within a mile of each other, went to the same high school, and knew each other on a casual basis.

Major goals for a cultural network model are for participants, including social workers serving as group leaders, to unite into a cohesive support group and to laterally integrate into the existing fabric of extended family systems. A mutual positive regard had to be developed. The girls had never experienced positive relationships with professional social workers; therefore, an ethos of professional distance was abandoned. Social activities were designed to build affective bonds within the group. Some activities, such as feasts, pow-wows, and other selected cultural events characteristic of the group's tribal background served as continuing threads throughout the group process. Culture, therefore, served as an integral component to clinical practice. Recognition of culture as a clinical variable proved essential to eventual success of the group process.

Predictability of behavior proved crucial in developing trust. All group members, including the leaders, had to be approachable on a consistent basis. Meeting times were scheduled regularly and rotated among group member homes. Group welfare served as an absolute priority with each person committed to an unqualified mutual acceptance. Individual rights became a delicate issue in this initial stage because of the types of personal information shared. Eventually, the issue of confidentiality of information did not overwhelm the group. The initial clinical period allowed members to test each other and to overcome fearful reluctance to share information that potentially may be misconveyed to family and close friends through a rumor circuit.

The group process simply typified formation of trust in any situation in that dependency and testing were common. Motives for group meetings were often questioned. Communication content was sensitive and emotional. Group members often accused the social worker leaders of deliberately using authority to hurt

individual members. A heuristic teaching process unfolded that allowed girls to explore ways of expressing feelings on matters that caused considerable pain. Communication blockages most often centered around personal and parental relationships. Group support proved essential to individual growth and provided reassurance to delve into self-acceptance of painful feelings and to translate those feelings effectively to family members and significant others.

The cultural network model was guided by national problem solving tasks. Group members were required to develop personal competence in translating feelings into behavioral resolutions. This was accomplished through linkages with extended family systems which were incorporated as the major problem solving milieu. Group members shared feelings and information with parents, grandparents, aunts, uncles, cousins, and siblings. This strengthened communication within the group and among family systems. Whenever crisis situations or joyful situations arose family participation was encouraged. Group members learned to use family as a helping and supportive network and learned that family provided available outlets for both positive and negative experiences.

Elders served as a critical feature in the transition from group to extended family systems. Elders introduced a wisdom valued and sought by all group members. Cultural wisdom as related through an elder's experience offered a continuity of world view so necessary for adolescents struggling to recapture value orientations and searching for meaning in their lives. Indeed, group members rapidly became self-assurred young Indian women who no longer experienced an urban area as a personal dilemma, but as an opportunity for growth.

A typical final stage, termination, never really took place. Group stopped meeting on a formal basis. Support through extended family systems, however, continues to date. The group members, moreover, informally gather during special occasions. In essence, group members experienced a phenomenon quite similar to

an extended family system as characterized in the case of Maria: members are independent through interdependence and, therefore, never alone.

CONCLUSION:

This article has discussed the underlying fabric of American Indian extended family systems with critical focus upon interrelationships among structure, behavior, and cultural pattern maintenance. Life circumstances of adolescent American Indian girls was offered as a unit of analytic discussion to tease out areas of differences which often lead to unresolved conflict with mainstream educational and social work helping concepts.

A cultural network model was introduced which employed concepts from social work practice integrated with cultural imperatives. The model incorporated standard features of trust, realistic expectations, and non-judgemental behavior. Innovative, culture related features of the cultural network model was incorporation of tribal and family value orientations which served as impetus for lateral integration into characteristic American Indian extended family systems.

Orchestration of the cultural network model requires patient and consistent leadership. Affective bonding appears as a critical feature in incorporating professional leadership into an arena of trust and interdependent responsibility. A professional group leader must be askable, approachable, and willing to allow young Indian women to make conscious decisions about life. Given appropriate inputs, a cultural network model provides a teaching process readily applicable to extended family systems. The model represents an active process of developing a family of child care and concern.